

# A guide to completing the online Carer's Assessment

You've chosen to do your carer's assessment online

Here's a step-by-step guide to completing that assessment.

Please note, the email address you provide must be one that only you have access to. If you share your email address with anyone else, including the cared for person, we can assist you to set up a new email account

- 1. You will receive an email containing a link which you will need to click on. Or you could copy and paste this into your web browser: <a href="https://forms.nottinghamshire.gov.uk/">https://forms.nottinghamshire.gov.uk/</a>
- The link will take you to this page.
   You will need to either create an account if you havent done so before with Nottinghamshire
   County Council, or choose the 'Log in to your account' link if you have already set up an account with us.





3. If you choose to create an account, you will be taken to this screen where you will need to enter your email address and set yourself a password.

Nottinghamshire County Council	Create account	Login
Nottinghamshire County Council		
Create an account		
Email address		
Password (must be at least 9 characters)		
Confirm password		
✔ Submit		
Nottinghamshire County Council	 	

4. If you have created an account already and choose the option to log in, you will be taken to this screen where you will need to enter your email address and your existing password:

Nottinghamshire County Council		Create account	Login
Nottinghamshire County Council	9		
Log in			
Email address Password	Password		
Log in Register Forgotten your password?	Cancel		
San Nottinghamshire			



5. Once you have created an account or logged in, you will see the screen below. You need to click on the **'My requests'** tab.

Nottinghamshire County Council		🚢 Miss. Harriet Carer 🗸	
Nottinghamshire County Council			
Popular online services All online services My re	quests		
Popular online services Click the service you need from our popular onl	ine services below, or view all our online services.		
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6. You will see the 'Assessment of carer's needs' option. Click the **'continue'** button next to this option.

Nottinghamshire County Council						
Popular online services All online services	My requests					
My requests	•				V	
Show 10 v entries				ı.		
Reference 🔶 Service	÷	Started v	Status	÷ A	Case Status 🗍	-
FS-Case-12456325 Assessment of carer's needs		02 Feb 2017	AOCN	Continue->	Open	
FS-Case-564507 Social Care Contact and Upd	ate Process	04 Aug 2015	Contact and Update Form	Q View	Closed	
Showing 1 to 2 of 2 entries Show Ail Requests					Previous 1 Next	-
Nottinghamshire County Council						



7. You will be taken to the first page of the Assessment of Carer's Needs form. Once you have read the information, please click **'Next'**:

Assessmen	t of Car	er's Need	S			
Completing the form	Your details	Your information	Your health	Your needs	Your caring role	Further information
Check and submit						
Completing t	he form					
Please can you complete	this form and retu	urn it to us by .				
Using the form						
• the * means you must	complete the que	estion				
<ul> <li>click 'Save', only if you</li> <li>use the 'Next and 'Pre</li> <li>when you complete a second seco</li></ul>	want to exit the vious' buttons to section, the head	form and return to it la move through the for ing on the progress ba	ater - you will be m r will turn green.	sent an email wi	th a link to continue t	he form
Remember						
• it will take approximate	tely an hour to co	mplete				
complete the assessm	ent as soon as po	ssible, but no later tha	n the date on the	e form		
<ul> <li>provide as much information</li> <li>think about what you</li> </ul>	do and how it imp	ir caring role so we cai pacts on you.	n understand you	Ir situation		
If you are having any diffi	culties the f	orm, please contact th	ne Customer Ser	vice Centre on 0	300 500 80 80.	
Next >						🖺 Sa



8. You will then be taken to the 'Your details' screen where some of your information will already be populated. If any of these details are incorrect, please complete and submit the form as normal. A social care worker will telephone you after they receive the completed form; make them aware of any incorrect details on the form and they will update our system. You will need to enter the details of the person or people you care for before clicking the **'Next'** button.

opular online services	All online services My requests	
Assessmen	of Carer's Needs	
Completing the form	Your details Your information Your health Your need	is Your caring role Further information
Check and submit		
Below are the personal de any changes when they co Name	Is we have for you. If the details are not correct please continue th act you after the form is submitted. Imogen Carer	he form. You can tell the Carer Support Service about
Address	47, Loughborough Road, West Bridgford, NG	527LA
Postcode	NG2 7LA	
Telephone	01151234567	
Date of birth	22/11/1966	

Personal details of the person or peop	ple you care for		
Name *			
Postcode *			
Select Address *	Select		
Your relationship with the person you care for. For example, you are their daughter. *			
Please tell us briefly about the care and support you provide. Please indicate the main condition of the person you care for. Think about what you feel is most valuable and positive about what you do. *			
Do you care for another person?			
✓ Add Person			
Next >		🖺 Save	Previous



9. You will be taken to the 'Your information' screen. Once you have answered the questions, please click the **'Next'** button.

Nottinghamshire County Council					🛓 Mrs. Imogen Carer 🗸
Nottinghamshire County Council					
Popular online services All online services	My requests				
Assessment of Carer's	information Your health	Your needs Y	/our caring role	Further information	
Check and submit					
Your information Everyone working in adult social care has a duty to other professionals or agencies in order to provide	keep your information confidenti you with the best service possible	al. However, we	may need to share	information about yo	u with
You have my permission to share information	Ves				~
about me *	O No				
In exceptional circumstances we are required to sh or other people.	are your information without you	r permission. Th	is is where there is	a risk of harm or abus	se to you
Next >			E 9	ave K Pre	vious



10. You will be taken to the 'Your health' screen. Once you have answered the questions, please click the **'Next'** button.





11. You will be taken to the 'Your needs' screen. Please answer each question before clicking the **'Next'** button at the bottom of the page. You can use the scroll bar at the side of the page to move up and down the screen to enable you to see all of the questions.

completing the form in Your details Your In	formation Your health Your needs Your caring role. Eurther information
Check and submit	Tour nearon tour nearch tour nearch tour caring role Further information
our needs	
he questions that follow are about establishing the	impact that your caring role may have on your health, day to day life and responsibilities.
Vhen answering the questions, choose the answer t	hat best reflects the impact of your caring role.
Keeping your home clean and s	afe
Please think about the condition of your home. Con- ignificant risk to your wellbeing. For example, a hab	sider whether it is a safe and appropriate environment to live in and whether it presents any itable home should be safe and have amenities such as water, electricity and gas.
Can you maintain a habitable home for yourself	O My caring role has no impact on my ability to maintain my home
alongside your caring role? *	O My caring role is having some impact on my ability to maintain my home
	O My caring role is having significant impact on my ability to maintain my home
	O I am unable to maintain my home due to my caring role
Caring for children	
Please consider any parenting or other caring respon grandparent with caring responsibilities for your gra	nsibilities you have for a child/children under the age of 18. For example, you may be a undchild whilst their parents are at work.
Can you carry out any parental/caring responsibilities you have for a child/children	O I do not have any parental/caring responsibilities for a child
	<ul> <li>My caring role is having some impact on my ability to carry out my parental/caring responsibilities</li> </ul>
	<ul> <li>My caring role is having a significant impact on my ability to carry out my parental/caring responsibilities</li> </ul>
	$\bigcirc$ I am unable to maintain my parental/caring responsibilities due to my caring role
Caring for other adults	
Other than the person(s) named on this form, do you responsibilities for a parent in addition to caring for	I provide care or support to any other adults? For example, you may also have caring the adult with care and support needs.
Can you carry out any additional caring	O I do not have any additional caring responsibilities
responsibilities you have alongside your caring role? *	<ul> <li>My caring role has no impact on my ability to carry out additional caring responsibilities</li> </ul>
	<ul> <li>My caring cole is having some impact on my ability to carry out additional caring responsibilities</li> </ul>
	My caring role is having significant impact on my ability to carry out additional caring responsibilities
	O I am unable to maintain my additional caring responsibilities due to my caring role
Vaintaining relationships	
Maintaining relationships	
Maintaining relationships Please consider whether your caring role impacts on prevents you from keeping in touch and spending tin	) your ability to maintain relationships with people who are important to you. For example, it ne with family or friends, or meeting new people.
Maintaining relationships Please consider whether your caring role impacts on prevents you from keeping in touch and spending tin Can you keep in contact with people as you would	your ability to maintain relationships with people who are important to you. For example, it ne with family or friends, or meeting new people.
Maintaining relationships Please consider whether your caring role impacts on prevents you from keeping in touch and spending tin Can you keep in contact with people as you would like to alongside your caring role?	your ability to maintain relationships with people who are important to you. For example, it ne with family or friends, or meeting new people. O My caring role has no impact on my ability to maintain relationships O My caring role is having some impact on my ability to maintain relationships



#### Work, training, education or volunteering

Please consider whether your caring role impacts on your ability to work, find suitable work, study or volunteer.

Can you work and/or take part in training, education or volunteering alongside your caring	<ul> <li>I am not interested or cannot take part in work, training, education or volunteering due to reasons other than my caring role</li> </ul>
role? *	<ul> <li>My caring role has no impact on my ability to take part in work, training and/or volunteering</li> </ul>
	<ul> <li>My caring role is having some impact on my ability to take part in work, training and/or volunteering</li> </ul>
	O My caring role is having a significant impact on my ability to take part in work, training and/or volunteering
	<ul> <li>I am unable to maintain my work, training and/or volunteering due to my caring role</li> </ul>

#### Using community facilities and services

Please consider whether you have the opportunity to make use of your local community's services and facilities. For example, whether you have time to attend appointments, go shopping or go to a place of worship.

community alongside your caring role? \*

Can you make use of facilities/services in your local O My caring role has no impact on my ability to access facilities/services O My caring role is having some impact on my ability to access facilities/services O My caring role is having a significant impact on my ability to access facilities/services O I am unable to access facilities/services due to my caring role

#### Leisure time

Please consider whether you have the time for recreational activities such as reading, doing a hobby or exercising.

Can you engage in recreational activities alongside	O My caring role has no impact on my ability to engage in recreational activities
your caring role? *	<ul> <li>My caring role is having some impact on my ability to engage in recreational activities</li> </ul>
	<ul> <li>My caring role is having a significant impact on my ability to engage in recreational activities</li> </ul>
	O I am unable to engage in recreational activities due to my caring role

#### Preparing and eating meals

Please consider whether you are able to shop for, and prepare adequate meals for you and your family. For example, you have time to do essential food shopping and prepare meals for you and your family.



Previous



12. You will be taken to the 'Your caring role' screen. Please answer each of the questions, considering how your caring role effects your life and how much time you spend caring. Click on the **'Next'** button when you have finished.

Assessment	of Car	er's Need	S			
Completing the form Y	our details	Your information	Your health	Your needs	Your caring role	Further information
Check and submit						
Your caring role	е					
The next questions ask you	u about your	role as a carer.				
Do you care for the person or	n your own or	do you 🛛 🔿 I care fo	or the person on	my own		
share this role with someone	else? *	🚫 l share	the caring role v	vith another pers	son aged under 18	
		🚫 l share	the caring role v	vith another pers	son aged 18 or over	
		🚫 l share	the caring role v	vith more than o	ne other person	
Over a typical day, how many	hours of care	e do you 😑 Less th	an 1 hour a day			
provide? *		O Betwee	en 1-2 hours a da	iy.		
		O Betwee	en 2-3 hours a da	у		
		O Betwee	en 3-5 hours a da	у		
		O Betwee	en 5-8 hours a da	iy		
		O More tl	han 8 hours a da	ý		
Does your caring role affect t	he amount of	sleep <sub>O</sub> No, my	caring role does	not affect how r	much sleep I get	
you get? *		🔿 Yes, my	caring role som	etimes affects th	he amount of sleep I g	get
		Yes, my I need	caring role ofte	n affects the am	ount of sleep I get an	d I rarely get the sleep
		🔿 Yes, my	caring role mea	ins that I never g	et a good night's slee	p
Does your physical and/or me	ental health h	ave an <sub> O</sub> My hea	lth has no impac	t on my ability to	o continue my caring	role
impact on your ability to cont	tinue with you	ur caring 🚫 My hea	lth may have an	impact on my ab	ility to continue my o	aring role
role?		🔘 My hea	Ith is having son	ne impact on my	ability to continue m	y caring role
		🚫 My hea	Ith is having a si	gnificant impact	on my ability to cont	inue my caring role
Are you willing and able to co	ontinue caring	; at the 🛛 🔿 I am wi	lling and able to	continue caring a	at current levels with	out any support
level you currently provide?	*	🔘 I am wi	O I am willing and able to continue caring at current levels with occasional support			
		🔵 I am wi	lling and able to	continue caring a	at current levels with	regular support
		🚫 l am no	t willing and/ or	able to continue	caring at current lev	els
Next >						Save < Previ



13. In the 'Further Information' section we would like to know a bit more about you and what you feel is important in your life. We would also like to know how the person you care for would manage if you were unable to continue providing support. Click the **'Next'** button when you are ready to proceed.

### Assessment of Carer's Needs

Completing the form You	ur details	Your information	Your health	Your needs	Your caring role	Further info	ormation	
Check and submit						•		
Further informat	tion							
About you and wha	at's imp	ortant to you	ı					
Please tell us about yourself and to you. Think about what you er changes could improve your qu	d what is imp njoy and wha ality of life.	oortant it						
About the person y	ou care	for						
What would happen to the pers support was not provided by yo would benefit from further sup	oon you care ou? Do you fe port? *	for if el they						
Would the person you care for l care and support? *	benefit from	extra OYes						
Next >						Save	Previous	



14. You are now at the final screen where you have the opportunity to check the information you have provided to us. You can do this by using the 'next' and 'previous' buttons or by clicking on the headers which will take you to the corresponding section of the form. Once you are happy with your responses you can click on the **'submit'** button. Please be aware that once you have submitted your form, you will not be able to make any further changes.

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Popular online services All online services My requests	
Assessment of Carer's Needs Completing the form Your details Your information Your health Your needs Your caring role	Further information
Check and submit	
<ul> <li>Before you submit the form:</li> <li>please read through the form, either by selecting the headings on the progress bar or by using the 'Next' and 'Prev</li> <li>check that the information is accurate</li> <li>you will not be able to reopen the form once it is submitted.</li> </ul>	ous' buttons
Once you are happy, please submit the form.	Save

15. Once you have submitted your answers, a summary screen of the assessment will be displayed. You will be able to download this as a pfd. and print it out for your records.

## What next?

The information on the form will be reviewed by one of our Carer Support Workers. They will contact you within 5 working days to discuss what happens next. You can request a hard copy of your assessment be sent to you if you wish.

If you are experiencing any problems not covered in this step-by-step guide, please contact our Customer Service Centre on 0300 500 80 80.

The Council is committed to protecting your privacy and ensuring all personal information is kept confidential and safe. For more details see our general and service specific privacy notices at: <a href="https://www.nottinghamshire.gov.uk/global-content/privacy">https://www.nottinghamshire.gov.uk/global-content/privacy</a>